



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: UNION HOSPITAL CLINTON

City of Hospital: Clinton

Year Begin: 01/01/2016 (mm/dd/yyyy format)

Year End: 12/31/2016 (mm/dd/yyyy format)

Person Completing the Report: Tammie Brown

Email Address: fatsb@uhhg.org

Medicare Provider Number: 15-1326

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$11049553
Outpatient Patient Service Revenue	\$64677794
Total Gross Patient Service Revenue	\$75727347

2. Deductions From Revenue

Contractual Allowance	\$47121291
Other Deductions	\$4731622
Total Deductions	\$51852913

3. Total Operating Revenue

Net Patient Service Revenue	\$23874434
Other Operating Revenue	\$386312
Total Operating Revenue	\$24260746

4. Operating Expenses

Salaries and Wages	\$8080050	Employee Benefits	\$2298672
Depreciation and Amortization	\$1011641	Interest Expense	\$1362
Bad Debt	\$0	Other Expenses	\$9685367
Total Operating Expenses	\$21077092		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$3183654	Total Assets	n/a
Net Non-operating Gains over Loss	\$14	Total Liabilities	n/a

Total Net Gains	\$3183668
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$33112700	\$19612199	\$13500501
Medicaid	\$20145984	\$18004872	\$2141112
Other Government	\$996703	\$0	\$996703
Other State	\$223032	\$202117	\$20915
Other Payers	\$21248928	\$9302103	\$11946825
Total	\$75727347	\$47121291	\$28606056

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$4992	\$-4992

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$86874	\$-86874
Hospital Patients	\$0	\$154521	\$-154521
Community Education	\$0	\$6927	\$-6927

Number of Medical Professionals Trained	1084
Number of Hospital Patients Educated	16334
Number of Citizens Exposed to Health Education Messages	38032

Statement Six: Charity Statement
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Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$601673	
HCI Payments	\$0		
Subtotal	\$0	\$601673	\$-601673
Medicaid Shortfalls	\$0	\$-49394	
Subtotal	\$0	\$552279	\$-552279
DSH Payments	\$0		
Subtotal	\$0	\$552279	\$-552279
Medicare Shortfalls	\$0	\$8363190	
Other Government Programs	\$0	\$0	
Total	\$0	\$8915469	\$-8915469

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$47179	\$-47179
Other Allocations	\$0	\$0	\$0

Comments

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